

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

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COVER PAGE

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CALIFORNIA  
2001/02  
FORM 460

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For Official Use Only

2014 OCT 30 AM 10:53

OFFICE OF  
THE CITY CLERK  
CITY OF NEWPORT BEACH

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 7-1-14  
through 10-23-14

Date of election if applicable  
(Month, Day, Year)

11-4-14

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)
- ☒ General Purpose Committee  
☒ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

BUSINESS & COMMUNITY POLITICAL ACTION  
COMMITTEE OF NEWPORT BEACH

STREET ADDRESS (NO P.O. BOX)

901 DOVER DRIVE, SUITE 200

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NEWPORT BEACH, CA 92660 (949) 640-0588

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

RUDY BARON

MAILING ADDRESS

901 DOVER DRIVE, SUITE 200

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NEWPORT BEACH, CA 92660 (949) 640-0588

NAME OF ASSISTANT TREASURER, IF ANY

NONE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on OCT 29 2014

Date

Executed on OCT 29 2014

Date

Executed on

Date

Executed on

Date

By

Rudy Baron

Signature of Treasurer or Assistant Treasurer

By

William C. King

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)  
State of California

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

NONE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER

NONE

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

NONE

BALLOT NO. OR LETTER JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NONE

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**BUSINESS & COMMUNITY POLITICAL ACTION COMMITTEE OF**

**NEWPORT BEACH**

CALIFORNIA  
FORM **460**

Statement covers period

from 7-1-14

through 10-23-14

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I.D. NUMBER

821756

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received .....	Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>4,000</u>	\$ <u>4,000</u>

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ <u>4,032</u>	\$ <u>4,056</u>
7. Loans Made .....	Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>4,032</u>	\$ <u>4,056</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>4,032</u>	\$ <u>4,056</u>

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

<u>11 / 4 / 14</u>	\$ <u>500</u>
<u>1 / 1 /</u>	\$ <u>0</u>

\*Amounts in this section may be different from amounts reported in Column B.

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>5,045</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>0</u>
15. Cash Payments .....	Column A, Line 8 above	<u>4,032</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1,013</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ <u>0</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B, above	\$ <u>0</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

Statement covers period		SCHEDULED	
from	7-1-14	CALIFORNIA FORM <b>460</b>	
through	10-23-14	Page 4 of 7	
		I.D. NUMBER	
		821756	

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

*BUSINESS & COMMUNITY POLITICAL ACTION COMMITTEE OF NEWPORT BEACH*

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/14	DIANE DIXSON CITY COUNCIL	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500	500	500
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/14	TIM BROWN CITY COUNCIL	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500	500	500
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/14	RUSA HILL CITY COUNCIL	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500	500	500
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,500		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 4,000
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL \$ 4,000

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>7-1-14</u> through <u>10-23-14</u>	<b>CALIFORNIA FORM 460</b> Page <u>5</u> of <u>7</u>
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NAME OF FILER

I.D. NUMBER

*BUSINESS & COMMUNITY POLITICAL ACTION COMMITTEE OF NEWPORT BEACH*

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/14	MIKE TORGE CITY COUNCIL	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500	500	500
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/14	NEWPORT BEACH RESIDENTS FOR TRAFFIC REDUCTION AND STRONG NEIGHBORHOODS	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,500	1,500	1,500
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/14	KEV CURRY FOR ASSEMBLY CALIFORNIA	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500	500	500
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				2,500		

**Schedule E**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM		SCHEDULE E <b>460</b>
from <u>7-1-14</u>				
through <u>10-23-14</u>		Page <u>6</u> of <u>7</u>		
		I.D. NUMBER		<u>821756</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BUSINESS & COMMUNITY POLITICAL ACTION COMMITTEE OF NEWPORT BEACH

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>MIKE TOERGE FOR CITY COUNCIL 2014 (1350663)</u> <u>3410 EAST COAST HWY, STE 4</u> <u>CORONA DEL MAR, CA 92625</u>	<u>CTB</u>		<u>500</u>
<u>NEWPORT BEACH RESIDENTS FOR TRAFFIC REDUCTION</u> <u>AND STRONG NEIGHBORHOODS (1369645)</u> <u>360 EAST 1ST ST. #736</u> <u>TUSTIN, CA 92780</u>	<u>CTB</u>		<u>1,500</u>
<u>KEITH CURRY FOR ASSEMBLY 2014 (1362342)</u> <u>40 VIENNA</u> <u>NEWPORT BEACH, CA 92660</u>	<u>CTB</u>		<u>500</u>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,500

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 4,000
- Unitemized payments made this period of under \$100 ..... \$ 32
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ 4,032

**Schedule E**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM		SCHEDULE E <b>460</b>
from	7-1-14	Page 7 of 7		
through	10-23-14	I.D. NUMBER		821756

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BUSINESS & COMMUNITY POLITICAL ACTION COMMITTEE OF NEWPORT BEACH

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DIANE DIXON FOR CITY COUNCIL (1362246) 3419 VIA LIDO SOUND, #197 NEWPORT BEACH, CA 92660	CTB		500
TIM BROWN FOR COUNCIL 2014 (1360420) 562 VISTA FLORA NEWPORT BEACH, CA 92660	CTB		500
RUSH HILL FOR CITY COUNCIL RE-ELECTION (1359628) 115 22ND ST. NEWPORT BEACH, CA 92663	CTB		500

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,500

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 4000
2. Unitemized payments made this period of under \$100	\$ 32
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 4032